

I have reviewed the expert opinion reports of Mr. Michael Quinn, Dr. Jeff Reames and Dr. Robert Bux.

Rebuttal Opinions

1. In rebuttal to the reports of both Dr. Bux and Dr. Reames: There were at least four terms used in the records of this case and in the opinion reports. Three of them, agitated delirium, methamphetamine overdose and methamphetamine psychosis, are essentially the same and are interchangeable for purposes of this case. The other one, excited delirium syndrome, describes a specific syndrome which occurs in some persons who have ingested stimulants and in some persons who have not. The syndrome is characterized by an acute delirium or psychosis with agitation followed by sudden death in connection with physical exertion and/or restraint. There is debate about whether this is a discrete medical diagnosis or is just a term used in the legal community for deaths under these circumstances. The excited delirium syndrome did not occur in this case. There was neither significant physical struggle nor restraint and Mr. Legros's sudden death had a readily identifiable cause that was not consistent with the excited delirium syndrome as it is typically described.

What is clear is that the symptoms Mr. Legros displayed necessitated medical treatment and emergent intervention no matter what term you use to describe his condition. These were all serious medical symptoms which would have alerted a reasonable jailer to the specific risk of suicide.

2. In rebuttal to report of Dr. Reames: I was surprised to see that an emergency physician would opine that "there were no clinical signs of any serious ingestion or clinical symptoms of serious drug toxicity. There was no medical indication for him to be evaluated by medical personnel nor have his vital signs taken." (Dr. Reames first opinion bullet) I was likewise surprised that he opined in his second opinion bullet that "there were no serious signs of drug toxicity that mandated any type of medical evaluation." I cannot understand how a reasonable emergency physician could hold the opinion that had he seen Mr. Legros or had Mr. Legros been taken to an emergency department, he would not have received any type evaluation or treatment.

It is true that there is no specific antidote for methamphetamine, but there is certainly treatment for an overdose of meth and delirium. Based upon the symptoms Mr. Legros was displaying, he should have had a thorough medical evaluation including vital signs and monitoring for an arrhythmia and heart attack. He should have, at a minimum, received sedation and fluids/nutrition in the Emergency Department. In addition, with at least 8 of 14 risk factors for suicide, he should have had a mental health and suicide risk assessment by a qualified professional. Based upon my review of the records, this screen would have been positive and he would have received a mental health referral. In addition, someone in his position would more likely than not have been referred to an addiction professional.

I have formed these opinions as requested to a reasonable degree of medical certainty. I reserve the right to modify these opinions as needed by the review of additional documents in this case.

8/19/2019

X *Thomas D. Fowlkes, M.D.*

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